The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: ___________________________ Date Applied: ___________________________

Building Official (Print Name) ___________________________ Signature ___________________________ Date ___________________________

SECTION 1: SITE INFORMATION

1.1 Property Address: ___________________________

1.1a Is this an accepted street? yes □ no □

1.2 Assessors Map & Parcel Numbers

Map Number ___________________________ Parcel Number ___________________________

1.3 Zoning Information:

Zoning District ___________________________ Proposed Use ___________________________

1.4 Property Dimensions:

Lot Area (sq ft) ___________________________ Frontage (ft) ___________________________

1.5 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Required</th>
<th>Provided</th>
<th>Side Yards</th>
<th>Required</th>
<th>Provided</th>
<th>Rear Yard</th>
<th>Required</th>
<th>Provided</th>
</tr>
</thead>
</table>

1.6 Water Supply: (M.G.L.c. 40, §54)

Public □ Private □

1.7 Flood Zone Information:

Zone: ___ Outside Flood Zone? □

Check if yes □

1.8 Sewage Disposal System:

Municipal □ On site disposal system □

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record:

Name (Print) ___________________________ City, State, ZIP ___________________________

No. and Street ___________________________ Telephone ___________________________ Email Address ___________________________

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

Now Construction □ Existing Building □ Owner-Occupied □ Repair(s) □ Alteration(s) □ Addition □

Demolition □ Accessory Bldg. □ Number of Units ___ Other □ Specify:

Brief Description of Proposed Work:

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $ ______ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>□ Standard City/Town Application Fee</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>□ Total Project Cost (Item 6) x multiplier ______ x ______</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees: $ ______</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>List:</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Total All Fees: $ ______</td>
</tr>
</tbody>
</table>

Check No. ______ Check Amount: ______ Cash Amount: ______

□ Paid in Full □ Outstanding Balance Due:
### SECTION 5: CONSTRUCTION SERVICES

**5.1 Construction Supervisor License (CSL)**

<table>
<thead>
<tr>
<th>Name of CSL Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and Street</td>
</tr>
<tr>
<td>City/Town, State, ZIP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>List CSL Type (see below)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 sq. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

**5.2 Registered Home Improvement Contractor (HIC)**

| HIC Company Name or HIC Registrant Name |
| No. and Street |
| City/Town, State, ZIP |

<table>
<thead>
<tr>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 6: WORKERS’ COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached: Yes ☐ No ☐

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner’s Name (Electronic Signature) Date

**SECTION 7b: OWNER⁴ OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner’s or Authorized Agent’s Name (Electronic Signature) Date

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

   - Total floor area (sq. ft.) (including garage, finished basement/attics, decks or porch)
   - Gross living area (sq. ft.)
   - Number of fireplaces
   - Number of bathrooms
   - Type of heating system
   - Type of cooling system
   - Habitable room count
   - Number of bedrooms
   - Number of half/baths
   - Number of decks/porches
   - Enclosed
   - Open

3. “Total Project Square Footage” may be substituted for “Total Project Cost”
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**  
Name (Business/Organization/Individual):  

Address:  

City/State/Zip:  
Phone #:  

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
<th>Type of project (required):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ❑ I am an employer with __________ employees (full and/or part-time). *</td>
<td>7. ❑ New construction</td>
</tr>
<tr>
<td>2. ❑ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</td>
<td>8. ❑ Remodeling</td>
</tr>
<tr>
<td>3. ❑ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</td>
<td>9. ❑ Demolition</td>
</tr>
<tr>
<td>4. ❑ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.</td>
<td>10. ❑ Building addition</td>
</tr>
<tr>
<td>5. ❑ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</td>
<td>11. ❑ Electrical repairs or additions</td>
</tr>
<tr>
<td>6. ❑ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</td>
<td>12. ❑ Plumbing repairs or additions</td>
</tr>
<tr>
<td>13. ❑ Roof repairs</td>
<td></td>
</tr>
<tr>
<td>14. ❑ Other</td>
<td></td>
</tr>
</tbody>
</table>

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name:  

Policy # or Self-ins. Lic. #:  
Expiration Date:

Job Site Address:  
City/State/Zip:

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature:  
Date:  
Phone #:  

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**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town:  

Issuing Authority (circle one):  

Contact Person:  
Phone #:
LOCATION OF DEMOLITION DEBRIS

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

(Location of Facility)

Signature of Permit Applicant

Date
CITY OF WESTFIELD
BUILDING DEPARTMENT
HOMEOWNER LICENSE EXEMPTION

PLEASE PRINT

DATE: _______________________

JOB LOCATION: ________________________________
Number Street Address

“HOMEOWNER”: ________________________________

PRESENT MAILING ADDRESS: ________________________________
Number Street Address

City/Town State Zip Code

The current exemption for “homeowners” was extended to include owner occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)

DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or intended to be, a one or two family dwelling, attached or detached accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section :10.5.1.2)

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the City of Westfield Building Inspection Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER’S SIGNATURE: ________________________________

APPROVAL OF BUILDING OFFICIAL: ________________________________

NOTE: Three family dwellings 35,000 cubic feet or larger will be required to comply with State Building Code Section 107.6 – Construction Control.